

From the President's Desk

Greetings MSHRM Members!

It is finally summer for all of us across the state, and the weather is beautiful. It reminds that there is always a time that the seasons change, and we get to enjoy each season for what it offers.



It is also the time or season that my term as president is coming to an end, and I am reflective on the wonderful experience that I have been given by this membership. I have had the honor of steering our membership in the last year during some great educational sessions and topics. We have held some fantastic board meetings during which we have discussed topics to bring to the membership and how to keep our membership active and growing. I believe in the last year we have tackled some really pressing issues facing our hospitals and providers, so that everyone can have useful information to take away and put into action to further not only patient safety but also the well being of our providers and staff.

My goal during my tenure was to keep MSHRM strong and engaging as it has always been, and I am happy to say that because of you, our members, I was able to do that—easily! Our members truly are the best, and I humbly thank you for giving me the opportunity to be our President. I am looking forward to all the great things to come under Kristen Rifenbark's leadership, and continuing to help advance this wonderful organization.

-Jenna Wright Greenman

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Government Issues Update

Combatting the Opioid Epidemic: What You Need to Know as a Physician

The use of opioids has increased so dramatically it has reached epidemic proportions. Given the recent trends, LARA has been actively investigating physicians who are consistently prescribing opioids and other controlled substances. In response to the opioid epidemic, new legislation was enacted. This new legislation involves several bills which directly affect the prescription of and dispensing of opioids and other controlled substances.

The following provisions took effect on March 27, 2018:

- When treating a patient for an opioid-related overdose, the physician must provide the patient with information regarding available substance use disorder services. Senate Bill 273.
- Physicians are required to report relevant information to MAPS including patient identifiers, the name of the controlled substance being prescribed, the quantity of the controlled substance, and the prescribing physician's name. The pharmacy is also responsible for reporting information relevant to the controlled substance including the quantity dispensed and the date it was dispensed. Senate Bill 47.

- Physicians are also required to obtain and review MAPS for any patient being prescribed buprenorphine or a drug containing buprenorphine or methadone who is also involved in a substance use disorder program. Senate Bill 47.

Additionally, House Bill 4403 which took effect on March 27, 2018, involves available options, such as inpatient care and clinical stabilization services, for treatment of Medicaid beneficiaries who require treatment for opioid addiction.

On March 31, 2018, Senate Bill 270 took effect. Notable provisions are highlighted below.

- Physicians are required to provide follow up care to the patient to monitor the efficacy of the controlled substance.
 - ◊ If follow up care cannot be provided, the physician is obligated to either refer the patient to their primary care physician or refer the patient to another licensed physician who is able to provide follow up care.
- Prior to prescribing a controlled substance, a physician must discuss with the patient any other controlled substances the patient is currently using and record that information in the patient's medical record.

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- In addition, a physician must make a separate record of all controlled substances he/she dispenses, other dispositions of controlled substances under the physician's control, and invoices and other acquisition for records for each controlled substance prescribed.

Senate Bill 270 also required a bona fide prescriber-patient relationship prior to the physician prescribing a controlled substance. However, pursuant to House Bill 5678, a prescriber is not required to have a bona fide prescriber patient relationship before prescribing a controlled substance until March 31, 2019, unless rules are promulgated for an alternative to the bona fide relationship requirement prior to that date.

LARA is actively and intensely investigating physicians who continuously prescribe controlled substances, especially opioids, and these investigations are likely to continue to increase with the passage of this new legislation. For example, Senate Bill 270 has provisions detailing when an investigation can occur as well as penalties that may be incurred should a physician be deemed to have violated the Bill. As such, there is a high probability that LARA will investigate any practices that do not comply with Senate Bill 270.

House Bill 4408 (PA 246) took effect on June 1, 2018 and details what must occur prior to a physician prescribing an opioid. This provision

has slightly different rules for minors and adults. The pertinent parts are as follows:

When dealing with minor patients, prior to the first prescription of an opioid or other controlled substance, a physician must discuss the following:

- (1) risks of addiction and overdose;
- (2) increased risk of addiction for patients suffering from mental disorders and substance abuse disorders;
- (3) dangers of taking an opioid with a benzodiazepine, alcohol, or other central nervous system depressant; and
- (4) any other information contained in the controlled substance's patient counseling information section of the label.

Additionally, the minor's parent or guardian must sign a "[start talking consent form](#)" which should include the name, quantity, and number of refills of the opioid being prescribed, a statement that the medication has a potential for abuse, and a statement certifying the physician has discussed the addictive nature of the substance with the minor patient and his/her parent/guardian. The consent form must be kept as part of the minor patient's medical record.

When dealing with adult patients, prior to the prescription of an opioid, the physician shall discuss the dangers of addiction, proper disposal

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of unused medication, and that the delivery of a controlled substance is a felony. If the patient is a female in the reproductive stage, the physician must also discuss the short and long-term effects of exposing a fetus to a controlled substance. The adult patient must then sign a consent form indicating this information was discussed. The consent form must be a form prescribed by the Michigan Department of Health and Human Services. The Michigan Department of Health and Human Services have posted the consent form on their website. To access the form and the form in additional languages visit: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_79584---,00.html.

Notably, House Bill 4408 provides for several scenarios which will trigger an investigation by LARA. As such, there is a high probability that if consent forms are not utilized by physicians, and physicians do not discuss the addictive nature of opioids and other controlled substances, LARA will launch an investigation.

Senate Bill 166 (PA 248) also took effect on June 1, 2018. This legislation not only requires physicians to register for MAPS, but also requires the physician run all patients through MAPS prior to prescribing more than a three day supply of an opioid or other controlled substance. If the prescription of the opioid or controlled substance is equal to or less than a three day supply, a physician does not need to run the patient through MAPS prior to writing the prescription. Further, consulting MAPS would not be required in a hospital setting nor is MAPS required in a freestanding surgical outpatient facility. Senate Bill 167 (PA 249) lists grounds for disciplinary action and possible sanctions for violating the

requirements of Senate Bill 166.

Another important provision of the new opioid legislation, Senate Bill 274 (PA 251), becomes effective on July 1, 2018. This bill limits the quantity of opioids which may be prescribed for patients suffering from acute pain. Acute pain is defined in PA 251 as: "pain that is the normal, psychological response to a noxious chemical or a thermal or mechanical stimulus and is typically associated with invasive procedures, trauma, and disease and usually lasts for a limited amount of time." If a patient is suffering from acute pain, the physician cannot prescribe more than a 7-day supply of an opioid to the patient within a 7-day period.

Prior to the newly enacted legislation surrounding opioid prescriptions, investigations by LARA had been consistently increasing. Given the above legislation, especially considering the fact that it specifically provides LARA with authority to investigate violations, it is very likely that LARA will continue to actively investigate the prescription of controlled substances, especially opioids. The full text of the above discussed bills can be found on the Michigan Legislature website.

If you have any questions or concerns regarding the information contained within these articles, please contact the author, Megan R. Mulder of Cline, Cline & Griffin, P.C. at mmulder@ccglawyers.com or by calling the office at 810-232-3141.

Education Committee Update

I have been on the Education Committee for over 20 years—twice serving as its chairperson. This committee is the cog that moves our organization, and I am grateful for all those who served with me, in particular my current co-chair Kathy Schaefer. This collective effort has allowed us to put on such wonderful and educational programs. However, the organization doesn't run on the Education Committee alone. There are many opportunities to assist in participating and leading MSHRM, including committee membership, chairing a committee, board positions and officer positions. Unfortunately, interest in leadership positions has waned. We have had trouble even filling the positions. I would, as I have done before, ask you to become more involved. I know you are tired of seeing me in front of you at the meetings, but there is another opportunity to sign up for committee membership this fall. We hope to see you at the Fall Meeting.

Dean Etsios

Education Committee Co-Chair, 2017-2018

Communication Committee Update

We are continuing to post updates on Facebook, Twitter and Instagram. We have significantly increased followers for these social media platforms this year. We would like to encourage members to use these social media sites to increase your participation and to stay current with what is happening in MSHRM. We would like to thank Lindsey Dempster for her role as the 2017-2018 co-chair. At the same time we'd like to congratulate and welcome Phyllis Clark who will join Becky Luna as the 2018-2019 Communications Committee Co-Chairs.

Our goals for this year are to continue to promote and increase followers for all of our social media sites. We are also planning on revamping our LinkedIn site to make it more user friendly.

Becky Luna

Communication Committee Co-Chair, 2017-2019



2018 Annual Conference Photos



Sponsorship Taskforce Update

In each issue of this newsletter, we are reminded of the extensive and much needed volunteerism supporting MSHRM and its mission. Equally evident is the altruism of our most generous sponsors that contribute that much needed influx of financial stability and growth to continue providing our members with the highest level of up to date knowledge and information for quality and safety improvement at all of our facilities.

THANK YOU for all of these contributions!

Below our committee provides a little insight into the status and updates of our behind the scenes efforts to continue growing and recognizing our supporters.

You will recall that last year we had a Sponsorship Taskforce, which included Rik Joppich, Bill Krueger, Lindsey Dempster, Lynn Jekkals, Ed Lynch and Rebecca Luna, to evaluate and report to the board on whether MSHRM should expand its sponsorship program to include a risk management industry specific vendor hall at our conferences. Based on the survey of its members and research and information gathered from other state and national societies, a recommendation was made to the Board of Directors to do a trial vendor hall at the Annual Conference for one or two years and re-evaluate the benefits of the effort to the organization and its members after the trial. This recommendation was adopted by the Board.

Any time someone in an organization makes a recommendation for change, that individual is usually tasked automatically with following up to make it happen. The Task Force was no exception, as the board voted to make it a full-fledged "Sponsorship Committee" for MSHRM. The Committee has expanded to now include the task force members and the more recent volunteer members, Kathy Early, Heather Schragg, Kathy Schaefer, and Kristen Rifenbark. Welcome and a special thank you to all for volunteering even more time, knowledge and experience to this new committee.

The committee is working on fulfilling the vision of a vendor hall through revisions to our existing sponsor program to add this option. We are also looking to expand our reach to potential sponsors that may never have worked with our organization before. The hope is to ultimately provide a sound foundation to further expand our educational offerings with the highest level of resources and programs possible. We hope to bring you all success through these efforts and wish everyone a wonderful summer.



2018 Annual Conference



Upcoming Events

- Fall Program—Tuesday, October 2, 9:00 am—4:00 pm, Henry Center for Executive Development, Lansing, MI
- Spring Program—Tuesday, March 19, 9:00 am—4:00 pm, Henry Center for Executive Development, Lansing, MI
- 40th Anniversary—Annual Meeting, Wednesday, May 22—Friday to May 25, 2019—Grand Traverse Resort and Spa, Acme, MI



2018 Annual Conference Photos

ASHRM and MSHRM Members

We'd like to recognize our MSHRM Members who are also members of ASHRM!

Christopher Allman * Susan Anderson * Laura Bailey * Kerry Barkel * Beth Bedra * Hallie Bradley * Elizabeth Buckley * Eleanor Candela * Carol Carlson * Kathleen Carter * Debra Caverley * Constance Chrisman * Phyllis Clark * Kelly Clement * Kevin Cole * Barbara Cote * Margaret Curtin * Sharon Daust * Lindsey Dempster * Phaedra DesJarden * Susan Dolby * William Duggan * Kathy Early * Kristine Ebbert * Lee Elston * Dean Etsios * Mary Ellen Filbey * Julianne Filippini * Kathryn Frei * Jennifer Fuhrman * Jill Gibson * Tamitha Gipson-Goodnough * Lydia Glusko * Bethany Gomez * Ruth Goodell * Laurie Graybiel * Jenna Greenman * Sarah Hagen * Connie Hall-Burke * Aaron Hamming * Jackie Hansen * Amanda Haverdink * Beth Holtz * Michelle Hoppes * Jennifer Kelleher * Beth Kirby * Alisha Kittlaus * Christine Klenk * Tracey Kovatch * Kevin Krupp * Bruce Kumfer * Kathleen Lanava * Anne Lawter * Jennifer LeMaire * Edward Lynch * Van Maas * Amy Maguire * Kelly Martin * Amber Mayers * Kimberly McCoy * Stephanie Mentalewicz * Katie Moresi * Ellen Moyer * Vanessa Mulnix * Joyce Nichols * Molly Nolan * Laura Nordberg * Royal Norgan * John O'Loughlin * Lena Payne * Kristen Rifenbark * Beverly Robbins * Cindy Rollenhagen * Susan Rose * Annette Rowinski * Christine Sangalli * Kelly Saran * Joyce Schaefer * Kathryn Schaefer * Patricia Schankin * Kimberley Scholma * Elizabeth Seelhoff * Teri Simpson * Kevin Smart * Chi Smedley * Debbie Smith * Lorna Spiekerman * Karen Stein * Cheryl Sullivan * Teresa Todd * Bridget Vandebussche * Joy Vanlier * Michelle Voss * Karol Wareck * Robin Wildman * Denise Winiarski * Vicki Young